

Promoting Public Health in Connecticut Since 1914

TESTIMONY OF THE CONNECTICUT PUBLIC HEALTH ASSOCIATION REGARDING

H.B. 5165 AN ACT CONCERNING HIGH SCHOOL GRADUATION REQUIREMENTS

My name is Cyndi Billian Stern and I am here on behalf of the board of the CT Public Health Association to support HB 5165, An Act Concerning High School Graduation Requirements. CPHA is the state's largest public health professional organization in the state with over 300 members. We are specifically focusing on the section of the bill that requires .5 credit of health education for high school graduation.

CPHA has placed health education during this legislative session as a top priority. We see this as an integral part of the prevention that is necessary for improving the health care system. Research shows that just four behaviors poor diet, physical inactivity, smoking, and alcohol abuse that cause a high percentage of chronic disease and account for 38 percent of deaths. (Center for Science in the Public Interest, 2008). Comprehensive health education that includes timely medically accurate information and skills needs to be provided to students to help them prevent these harmful behaviors before they become habits. And we know that these habits become established during youth, so school is the best time and place to reach this population. Other states have made this connection between prevention and long term health outcomes, but Connecticut has not: It is among only 14 states that does not require a health education course to graduate.

The Connecticut State Department of Education (CSDE) already has a comprehensive health education curriculum that is strongly supported by the State Board of Education. The 2006 Healthy and Balanced Living Curriculum Framework for Comprehensive School Health Education and Comprehensive Physical Education (Connecticut State Department of Education. Healthy and Balanced Living Curriculum Framework: Comprehensive School Health Education, Comprehensive Physical Education. Ed. Matthew Falconer., 2006. Available at: http://www.sde.ct.gov/) is a coordinated approach to school health that includes school, community groups and families coming together around eight core principles: physical education; nutrition; school-family-community partnerships; health services; mental health services; healthy physical and emotional school environment; staff wellness; and comprehensive health education.

CPHA strongly supports the health issues presented in this curriculum framework, which reinforce student awareness of personal health needs AND those of the greater community. The curriculum reinforces two important 21st century skills needed to succeed in work and life: global awareness and health literacy

(http://www.21stcenturyskills.org/index.php?option=com_content&task=view&id=57&Itemid=120).

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CPHA is an affiliate of the American Public Health Association CPHA believes that this framework should be taught not only for .5 credit in the high school but also for .5 credit at the junior high level, at a time when many students experiment and begin to establish risky behaviors patterns (poor eating, exercise, sexual practices or other unhealthy behavior patterns) that are so difficult to undo. Consider these behaviors reported by high school students (9-12th grade) from the CT Youth Risk Behavior Survey 2007

- More than 1 in 8 were obese
- 46% reported drinking alcohol during the past week
- 23% reported smoking in the past week
- 42% reported ever having sexual intercourse
- 10% attempted suicide
- 31% reported having been in a physical fight during the past year
- 75% reported sleeping less than 8 hours on school nights
 (http://www.cdc.gov/HealthyYouth/yrbs/pdf/states/yrbs07_connecticut_us_comparison.pdf)

Connecticut's students need health education today. It is so easy to put it off for another year with arguments like, we cannot afford it this year. But sometimes a year turns into five, and five turn into a generation. This is a fact: In 1989, I was involved with Connecticut's Teen Pregnancy Prevention Coalition and worked with Education Committee co-chairs to pass the current health education mandate. It did *not* include a graduation requirement. My sons at that time were 9 and 11 years old. Last month I became a grandmother, and still only 53% of CT students have access to a full semester of health education.

Recommendation

Unfortunately, while we have the framework and approval from the State Board of Education for teaching health education only half (53%) of all Connecticut schools require a health education credit for graduation. CPHA urges that the committee supports a full credit of health education for all Connecticut students, with either a full credit offered in high school or .5 credit offered in junior high and .5 offered in high school to address ongoing needs and reinforcement of healthy behaviors throughout youth. Thank you for this opportunity to present and for your attention to this very important issue that has far-reaching impact on the health of Connecticut's youth, tomorrow's workers and the economy.



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Facts and Recommendations on Health Education in Schools

In order to provide Connecticut students with the skills and knowledge needed to make healthy lifestyle choices and reduce future burden of disease, the Connecticut Public Health Association (CPHA) supports *HB* 5165, An Act Concerning High School Graduation Requirements. CPHA supports requiring one half-credit of health education for graduation. Comprehensive health education should include medically accurate, age-appropriate information regarding disease and substance abuse prevention, nutrition, and reproductive health, among other topics.

Background

Connecticut is one of only 14 states nationwide that does not mandate funding for health education. [1] Within the state, only 53% of school districts require a half-credit of health education for graduation. [2] School health education programs are effective in providing basic health knowledge and in empowering individuals to make informed decisions about their health. [4,5] Such programs also provide the basis for behavior change and adoption of favorable health attitudes and teach adolescents how to evaluate and use health information. [4,6] Addressing health issues may also improve a student's overall academic performance, as poor health is linked to poor educational achievement. [5,7] Furthermore, adolescents are at critical stages of development during which they are acquiring skills, attaining knowledge and developing lifestyle habits that will continue into adulthood. [6]

Health education can play an important role in addressing disparities in health literacy and as a direct result improve health outcomes. Low health literacy is linked to increased utilization of health care services, increased health care costs and poor health status. [6] In the U.S., only 12% of all adults nationwide have the basic health literacy skills required to read medication and nutrition labels. [8] According to one study, less than half of adolescents could read health information at their grade level--minority teens and those of lower socioeconomic status fare worse [6]. Racial and ethnic minority groups in Connecticut experience significantly lower health literacy levels and poorer health outcomes than whites. [8]

School health education programs that are based in science are proven to influence behavior for specific health problems such as dental care, teenage pregnancy, smoking and nutrition. [4] School health education is an important tool for combating the overweight and obesity crisis--experts agree that the most cost effective way to address obesity nationwide is to specifically target children. [9] School-based programs are demonstrated to impact children's eating and activity behaviors and have the potential to reduce and prevent obesity. [9] In addition, these programs are essential to provide youth with accurate information and skills to delay or prevent onset of risky behaviors. For instance, by 12th grade, more than two thirds of Connecticut teenagers have had sexual intercourse. [10] However, students are not getting needed information from parents or guardians regarding prevention of sexually transmitted infections and pregnancy-- less then a quarter have had a conversation with their parents about these subjects. [10] Considering 70% of Chlamydia cases and 55% of gonorrhea cases in Connecticut in 2006 occurred in young people aged 10-24, it is all the more important that young people have access to health information. [11] Comprehensive health education programs promote reduction in risky behaviors and give youth the power to make healthy decisions.

Recommendation

CPHA promotes the attainment of health literacy and improved wellness of all Connecticut residents as a primary public health goal, and believes that schools play a critical role in addressing these issues. Requiring a half credit of health education in schools will provide students the tools to make informed health choices now and in the future. In addition, implementation of health education programs in the most at risk schools would help close the gap in health disparities between different racial, ethnic and socioeconomic groups in the state.

References

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